

**United States Bankruptcy Court  
Western District of Washington**

**IN RE:**Case No. **12-21479****Bricker, Julia A. & Bricker, Donald R.**Chapter **7**

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 224,000.00		
B - Personal Property	Yes	3	\$ 53,979.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 280,948.53	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 20,064.24	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	13		\$ 2,493,823.15	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 5,400.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 6,898.04
TOTAL		26	\$ 277,979.00	\$ 2,794,835.92	

**United States Bankruptcy Court  
Western District of Washington**

**IN RE:**Case No. **12-21479****Bricker, Julia A. & Bricker, Donald R.**Chapter **7**

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☒ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
<b>TOTAL</b>	\$

**State the following:**

Average Income (from Schedule I, Line 16)	\$
Average Expenses (from Schedule J, Line 18)	\$
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$
4. Total from Schedule F		\$
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence located at 4043 323rd Ave. S.E., Fall City, WA 98024 and legally described as follows: Lot 6 of Nelson Tracts, as per plat recorded in Volume 80 of Plats, pages 97 and 98, records of King County [Tax Parcel No. 602200-0060-08] [this is separate property of Julia Bricker, fka Julia Burdette]	Fee Simple	C	224,000.00	237,046.19
<b>TOTAL</b>			<b>224,000.00</b>	

(Report also on Summary of Schedules)

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash</b>	<b>C</b>	<b>108.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Sno Credit Union (checking)</b>	<b>C</b>	<b>100.00</b>
		<b>Union Bank (checking)</b>	<b>C</b>	<b>1.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Computers, televisions</b>	<b>C</b>	<b>2,000.00</b>
		<b>General Household goods, furniture</b>	<b>C</b>	<b>2,500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>books, art objects, etc.</b>	<b>C</b>	<b>1,000.00</b>
6. Wearing apparel.		<b>Wearing apparel and furnishings</b>	<b>C</b>	<b>750.00</b>
7. Furs and jewelry.		<b>Husband and wife wedding rings (combined)</b>	<b>C</b>	<b>2,500.00</b>
8. Firearms and sports, photographic, and other hobby equipment.		<b>shotgun, guns, rifle</b>	<b>C</b>	<b>500.00</b>
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Banner Life Insurance Policy [Term policy]</b>	<b>C</b>	<b>0.00</b>
10. Annuities. Itemize and name each issue.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1999 Ford Motorhome</b>	<b>C</b>	<b>17,500.00</b>
		<b>2000 Jeep</b>	<b>C</b>	<b>1,000.00</b>
		<b>2004 Freestar</b>	<b>C</b>	<b>2,000.00</b>
		<b>2010 Ford F-150 Truck</b>	<b>C</b>	<b>24,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals.		<b>JRT- Dixiebelle</b>	<b>C</b>	<b>20.00</b>
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>53,979.00</b>

\_\_\_\_\_ **0** continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

**In re Julia A. Bricker and Donald R. Bricker,**  
**Debtor**

**Case No. 12-21479-TWD**  
**(If known)**

## **SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

(Check one box)

☒ 11 U.S.C. § 522(b)(2): Exemptions provided in 11 U.S.C. § 522(d). **Note: These exemptions are available only in certain states.**

☐ 11 U.S.C. § 522(b)(3): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
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### **SEE ATTACHED TABLE BELOW**

Julia A. Bricker and Donald R. Bricker Ch. 7 No. 12-21479-TWD  
Attachment to Schedule C, Federal Exemptions claimed pursuant to 11 U.S.C. § 522(b)(2) and 11 U.S.C. § 522(d)

Description of Property	Authority for Exemption	Value Claimed	Market Value
Bank Accounts and cash	§522(d)(1) & (5)	\$209.00	\$209.00
Household furnishings Sch. B4 [under \$500]	§522(d)(3)	\$2,500.00	\$2,500.00
Computers, televisions	§522(d)(1) & (5)	\$2,000.00	\$2,000.00
Books, art objects	§522(d)(1) & (5)	\$1,000.00	\$1,000.00
Hobby Equipment etc.	§522(d)(1) & (5)	\$500.00	\$500.00
Wearing apparel and accessories	§522(d)(3)	\$ 750.00	\$ 750.00
2004 Freestar	§522(d)(2)	\$2000.00	\$2,000.00
2000 Jeep	§522(d)(2)	\$1,000.00	\$1,000.00
Excess value Dakota	§522(d)(1) & (5)	\$1,550.00	\$5,000.00
Jewelry	§522(d)(4)	\$2,500.00	\$2,500.00
Dog	§522(d)(1) & (5)	\$20.00	\$20.00
Motorhome	§522(d)(1) & (5)	\$200.00	\$200.00

IN RE **Bricker, Julia A. & Bricker, Donald R.**Case No. **12-21479**

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>872265151</b> <b>Bank Of America Home Loans</b> <b>P.O. Box 5170</b> <b>Simi Valley, CA 93062-5170</b>	<b>C</b>	<b>first lien DOT on Residence listed on Schedule A</b>  VALUE \$ <b>224,000.00</b>				<b>156,607.02</b>	
ACCOUNT NO. <b>Bank Of America Home Loans</b> <b>P.O. Box 942019</b> <b>Simi Valley, CA 93094-2019</b>		<b>Assignee or other notification for: Bank Of America Home Loans</b>  VALUE \$					
ACCOUNT NO. <b>6820-0114-467299</b> <b>Bank Of America Home Loans</b> <b>P.O. Box 26078</b> <b>Greensboro, NC 27420</b>	<b>C</b>	<b>2nd lien DOT on Residence listed on Schedule A</b>  VALUE \$ <b>224,000.00</b>				<b>80,439.17</b>	<b>13,046.19</b>
ACCOUNT NO. <b>Bank Of America</b> <b>P.O. Box 660807</b> <b>Dallas, TX 75266-0807</b>		<b>Assignee or other notification for: Bank Of America Home Loans</b>  VALUE \$					
Subtotal (Total of this page)						\$ <b>237,046.19</b>	\$ <b>13,046.19</b>
Total (Use only on last page)						\$	\$

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)



IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>Bank Of America</b> <b>P.O. Box 21848</b> <b>Greensboro, NC 27420-1848</b>		<b>Assignee or other notification for:</b> <b>Bank Of America Home Loans</b>					
		VALUE \$					
ACCOUNT NO. <b>11030215214705</b> <b>Chase Auto Finance</b> <b>P.O. Box 78101</b> <b>Phoenix, AZ 85062-8101</b>	<b>C</b>	<b>secured by Ford F 150 Truck</b>				<b>26,597.16</b>	<b>2,597.16</b>
		VALUE \$ <b>24,000.00</b>					
ACCOUNT NO. <b>Chase Auto Finance</b> <b>P.O. Box 78067</b> <b>Phoenix, AZ 85062-8067</b>		<b>Assignee or other notification for:</b> <b>Chase Auto Finance</b>					
		VALUE \$					
ACCOUNT NO. <b>3330003949</b> <b>Wells Fargo Dealer Services</b> <b>P.O. Box 25341</b> <b>Santa Ana, CA 92799-5341</b>	<b>C</b>	<b>secured by 1999 Winnebago M33</b>				<b>17,305.18</b>	
		VALUE \$ <b>17,500.00</b>					
ACCOUNT NO. <b>Wells Fargo Dealer Services</b> <b>P.O. Box 168048</b> <b>Irving, TX 75016-8048</b>		<b>Assignee or other notification for:</b> <b>Wells Fargo Dealer Services</b>					
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims	Subtotal (Total of this page)					\$ <b>43,902.34</b>	\$ <b>2,597.16</b>
	Total (Use only on last page)					\$ <b>280,948.53</b>	\$ <b>15,643.35</b>

(Report also on  
Summary of  
Schedules.)(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

### Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>xxxxx7219</b> <b>Internal Revenue Service</b> <b>Special Procedures Staff</b> <b>915 2nd Ave., MS 243</b> <b>Seattle, WA 98174</b>	<b>C</b>	<b>1040 liability for 2009 and 2010</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>20,064.24</b>	<b>20,064.24</b>	
ACCOUNT NO. <b>Eric Holder</b> <b>U.S. Dept. Of Justice</b> <b>950 Pennsylvania Ave. NW</b> <b>Washington, DC 20530-0001</b>		<b>Assignee or other notification for: Internal Revenue Service</b>						
ACCOUNT NO. <b>Internal Revenue Service</b> <b>P.O. Box 21126</b> <b>Philadelphia, PA 19114-0326</b>		<b>Assignee or other notification for: Internal Revenue Service</b>						
ACCOUNT NO. <b>Jenny Durkan</b> <b>U.S. Attorney's Office</b> <b>700 Stewart St, Suite 5220</b> <b>Seattle, WA 98101-1271</b>		<b>Assignee or other notification for: Internal Revenue Service</b>						
ACCOUNT NO.								
ACCOUNT NO.								
Subtotal (Totals of this page)						\$ <b>20,064.24</b>	\$ <b>20,064.24</b>	\$
Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$ <b>20,064.24</b>		
Total (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$ <b>20,064.24</b>	\$

IN RE **Bricker, Julia A. & Bricker, Donald R.**Case No. **12-21479**

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>159735</b> <b>Accelerated Collection SVC, Inc.</b> <b>1125 Harvey Rd.</b> <b>Auburn, WA 98002-4219</b>	<b>C</b>					<b>27.14</b>
ACCOUNT NO. <b>Overlake Hospital Medical Center</b> <b>P.O. Box 3931</b> <b>Seattle, WA 98124-3931</b>		<b>Assignee or other notification for:</b> <b>Accelerated Collection SVC, Inc.</b>				
ACCOUNT NO. <b>Overlake Hospital Medical Center</b> <b>1035 116th Ave. N.E.</b> <b>Bellevue, WA 98004-4377</b>		<b>Assignee or other notification for:</b> <b>Accelerated Collection SVC, Inc.</b>				
ACCOUNT NO. <b>159771</b> <b>Accelerated Collection SVC, Inc.</b> <b>1125 Harvey Rd.</b> <b>Auburn, WA 98002-4219</b>	<b>C</b>					<b>167.69</b>

12 continuation sheets attached

Subtotal  
(Total of this page) \$ **194.83**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Overlake Hospital Medical Center P.O. Box 3931 Seattle, WA 98124-3931</b>		<b>Assignee or other notification for: Accelerated Collection SVC, Inc.</b>				
ACCOUNT NO. <b>Overlake Hospital Medical Center 1035 116th Ave. N.E. Bellevue, WA 98004-4377</b>		<b>Assignee or other notification for: Accelerated Collection SVC, Inc.</b>				
ACCOUNT NO. <b>157538</b> <b>Accelerated Collection SVC, Inc. 1125 Harvey Rd. Auburn, WA 98002-4219</b>	<b>C</b>					<b>167.12</b>
ACCOUNT NO. <b>Overlake Hospital Medical Center P.O. Box 3931 Seattle, WA 98124-3931</b>		<b>Assignee or other notification for: Accelerated Collection SVC, Inc.</b>				
ACCOUNT NO. <b>Overlake Hospital Medical Center 1035 116th Ave. N.E. Bellevue, WA 98004-4377</b>		<b>Assignee or other notification for: Accelerated Collection SVC, Inc.</b>				
ACCOUNT NO. <b>3608059219070612</b> <b>AFNI 1310 Martin Luther King Drive P.O. Box 3517 Bloomington, IL 61702-3517</b>	<b>C</b>					<b>140.19</b>
ACCOUNT NO. <b>Frontier Communications 1500 MacCorkle Ave. Floor 1 Charleston, WV 25396</b>		<b>Assignee or other notification for: AFNI</b>				

Sheet no. 1 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **307.31**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>xxxxxx4005</b> <b>American Express</b> <b>C/O Zwicker &amp; Assocaites, PC</b> <b>80 Minuteman Road</b> <b>Andover, MA 01810-1008</b>	<b>C</b>					<b>28,853.73</b>
ACCOUNT NO. <b>American Express</b> <b>P.O. Box 650448</b> <b>Dallas, TX 75265-0448</b>		<b>Assignee or other notification for:</b> <b>American Express</b>				
ACCOUNT NO. <b>American Express</b> <b>P.O. Box 981535</b> <b>El Paso, TX 79998-1535</b>		<b>Assignee or other notification for:</b> <b>American Express</b>				
ACCOUNT NO. <b>Donna Smith</b> <b>Zwicker &amp; Associates</b> <b>10824 SE Oak PMB 401</b> <b>Milwaukie, OR 97222</b>		<b>Assignee or other notification for:</b> <b>American Express</b>				
ACCOUNT NO. <b>Zwicker &amp; Associates</b> <b>P.O. Box 9013</b> <b>Andover, MA 01810</b>		<b>Assignee or other notification for:</b> <b>American Express</b>				
ACCOUNT NO. <b>xxxxxx2003</b> <b>American Express</b> <b>P.O. Box 650448</b> <b>Dallas, TX 75265-0448</b>	<b>C</b>					<b>494.10</b>
ACCOUNT NO. <b>American Express</b> <b>P.O. Box 981535</b> <b>El Paso, TX 79998-1535</b>		<b>Assignee or other notification for:</b> <b>American Express</b>				

Sheet no. 2 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **29,347.83**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>NCO Financial Systems, Inc.</b> <b>P.O. Box 15760 Dept. 07</b> <b>Wilmington, DE 19850-5760</b>		<b>Assignee or other notification for:</b> <b>American Express</b>				
ACCOUNT NO. <b>NCO Financial Systems, Inc.</b> <b>P.O. Box 15773</b> <b>Wilmington, DE</b>		<b>Assignee or other notification for:</b> <b>American Express</b>				
ACCOUNT NO. <b>122042</b> <b>Annamarie C. Dooley MD</b> <b>P.O. Box 13684</b> <b>Seattle, WA 98198</b>	<b>C</b>					<b>102.25</b>
ACCOUNT NO. <b>4888-9360-8529-1791</b> <b>Bank Of America</b> <b>P.O. Box 851001</b> <b>Dallas, TX 75285-1001</b>	<b>C</b>					<b>10,028.38</b>
ACCOUNT NO. <b>112892</b> <b>Bellevue Urology Associates</b> <b>1135 116th Ave. Suite 620</b> <b>Bellevue, WA 98004</b>	<b>C</b>					<b>1,035.88</b>
ACCOUNT NO. <b>4802-1321-8672-1182</b> <b>Capital One</b> <b>P.O. Box 70886</b> <b>Charolette, NC 28272-9903</b>	<b>C</b>	<b>assigned for collection to Allied Interstate [reference no. 551058782632</b>				<b>6,171.28</b>
ACCOUNT NO. <b>Allied Interstate</b> <b>P.O. Box 4000</b> <b>Warrenton, VA 20188</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				

Sheet no. 3 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **17,337.79**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Capital One Bank</b> <b>P.O. Box 71083</b> <b>Charollette, NC 28272-1083</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>4185-5060-0382-7990</b> <b>Chase Cardmember Services</b> <b>P.O. Box 94014</b> <b>Palatine, IL 60094-4014</b>	<b>C</b>					<b>12,325.37</b>
ACCOUNT NO. <b>xxxxxxxxx9260</b> <b>CITI Cards</b> <b>Processing Center</b> <b>Des Moines, IA 50363-0001</b>	<b>C</b>					<b>17,158.40</b>
ACCOUNT NO. <b>Citi Cards</b> <b>Customer Service</b> <b>P.O. Box 6500</b> <b>Sioux Falls, SD 57117</b>		<b>Assignee or other notification for:</b> <b>CITI Cards</b>				
ACCOUNT NO. <b>Citi Cards</b> <b>Protector Reminder</b> <b>P.O. Box 6077</b> <b>Sioux Falls, SD 57117-6077</b>		<b>Assignee or other notification for:</b> <b>CITI Cards</b>				
ACCOUNT NO. <b>xxxxxxxxx1056</b> <b>CITI Cards</b> <b>Processing Center</b> <b>Des Moines, IA 50363-0001</b>						<b>13,970.26</b>
ACCOUNT NO. <b>Citi Cards</b> <b>Customer Service</b> <b>P.O. Box 6500</b> <b>Sioux Falls, SD 57117</b>		<b>Assignee or other notification for:</b> <b>CITI Cards</b>				

Sheet no. 4 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **43,454.03**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Citi Cards</b> <b>Protector Reminder</b> <b>P.O. Box 6077</b> <b>Sioux Falls, SD 57117-6077</b>		<b>Assignee or other notification for:</b> <b>CITI Cards</b>				
ACCOUNT NO. <b>xxxxxxx3452</b> <b>CITI Cards</b> <b>Processing Center</b> <b>Des Moines, IA 50363-0001</b>	<b>C</b>					<b>14,629.56</b>
ACCOUNT NO. <b>CITI Cards</b> <b>Processing Center</b> <b>Des Moines, IA 50363-0001</b>		<b>Assignee or other notification for:</b> <b>CITI Cards</b>				
ACCOUNT NO. <b>Citi Cards</b> <b>Protector Reminder</b> <b>P.O. Box 6077</b> <b>Sioux Falls, SD 57117-6077</b>		<b>Assignee or other notification for:</b> <b>CITI Cards</b>				
ACCOUNT NO. <b>Citi Cards</b> <b>Protector Reminder</b> <b>P.O. Box 6077</b> <b>Sioux Falls, SD 57117-6077</b>		<b>Assignee or other notification for:</b> <b>CITI Cards</b>				
ACCOUNT NO. <b>Donald Burdette</b> <b>12821 NE 36th St.</b> <b>Bellevue, WA 98005</b>	<b>C</b>	<b>right of contribution of personal guaranty of Union Central [SC Land Development, Inc.]</b>	<b>X</b>			<b>unknown</b>
ACCOUNT NO. <b>5310600</b> <b>Evergreen Professional Collections</b> <b>12100 Ne 195th St. #325</b> <b>Bothell, WA 98011</b>	<b>C</b>	<b>collection on US Bank debt</b>				<b>1,689.85</b>
ACCOUNT NO. <b>Ford Motor Company</b> <b>C/O CT Corporate Systems</b> <b>505 Union Ave. SE #120</b> <b>Olympia, WA 98501</b>	<b>C</b>	<b>contingent business liability based on Settlement Agreement and General Release of All Claims executed on or about April 28, 2011</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>unknown</b>

Sheet no. 5 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **16,319.41**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6035-3203-2107-7594</b> <b>Home Depot Credit Card Services</b> <b>P.O. Box 790328</b> <b>St. Louis, MO 63179</b>	<b>C</b>					<b>175.19</b>
ACCOUNT NO. <b>Jay Burdette</b> <b>12821 NE 36th St.</b> <b>Bellevue, WA 98005</b>	<b>C</b>	<b>business liability; right of contribution on personal guaranty with Union Central [SC Land Development, Inc.]</b>	<b>X</b>	<b>X</b>		<b>unknown</b>
ACCOUNT NO. <b>Jeff Burdette</b> <b>15131 141st Ave. SE</b> <b>Snohomish, WA 98290</b>	<b>C</b>	<b>business liability; right of contribution on personal guaranty with Union Central [Highway 2 Management, LLC and Dealership Development Services, LLC]</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>unknown</b>
ACCOUNT NO. <b>001-0428045-001</b> <b>Marlin Leasing</b> <b>300 Fellowship Road</b> <b>Mount Laurel, NJ 08054</b>	<b>C</b>	<b>business liability of Sno-Country Ford, Inc.</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>14,724.69</b>
ACCOUNT NO. <b>V00043781517</b> <b>Overlake Hospital Medical Center</b> <b>1035 116th Ave. N.E.</b> <b>Bellevue, WA 98004-4377</b>	<b>C</b>					<b>26.06</b>
ACCOUNT NO. <b>Overlake Hospital Medical Center</b> <b>P.O. Box 3931</b> <b>Seattle, WA 98124-3931</b>		<b>Assignee or other notification for: Overlake Hospital Medical Center</b>				
ACCOUNT NO. <b>V00043789270</b> <b>Overlake Hospital Medical Center</b> <b>1035 116th Ave. N.E.</b> <b>Bellevue, WA 98004-4377</b>	<b>C</b>					<b>161.02</b>

Sheet no. 6 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **15,086.96**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Overlake Hospital Medical Center P.O. Box 3931 Seattle, WA 98124-3931</b>		<b>Assignee or other notification for: Overlake Hospital Medical Center</b>				
ACCOUNT NO. <b>V00044841278</b> <b>Overlake Hospital Medical Center 1035 116th Ave. N.E. Bellevue, WA 98004-4377</b>	<b>C</b>					<b>194.00</b>
ACCOUNT NO. <b>Overlake Hospital Medical Center P.O. Box 3931 Seattle, WA 98124-3931</b>		<b>Assignee or other notification for: Overlake Hospital Medical Center</b>				
ACCOUNT NO. <b>69666</b> <b>Overlake Hospital Medical Center 1035 116th Ave. N.E. Bellevue, WA 98004-4377</b>	<b>C</b>					<b>111.24</b>
ACCOUNT NO. <b>Overlake Hospital Medical Center P.O. Box 3931 Seattle, WA 98124-3931</b>		<b>Assignee or other notification for: Overlake Hospital Medical Center</b>				
ACCOUNT NO. <b>Overlake Medical Clinics, LLC P.O. Box 3947 MS 315010 Seattle, WA 98124-3947</b>		<b>Assignee or other notification for: Overlake Hospital Medical Center</b>				
ACCOUNT NO. <b>1201169474</b> <b>PACLAB Network Laboratories P.O. Box 2670 Spokane, WA 99220-2670</b>	<b>C</b>					<b>64.67</b>

Sheet no. 7 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **369.91**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5044951</b> <b>Renton Collections, Inc.</b> <b>211 Morris Ave. South</b> <b>Renton, WA 98055</b>	<b>C</b>	<b>collecting for Radiation Oncology Physicians</b>				<b>257.48</b>
ACCOUNT NO. <b>Renton Collections, Inc.</b> <b>P.O. Box 272</b> <b>Renton, WA 98057-0272</b>		<b>Assignee or other notification for: Renton Collections, Inc.</b>				
ACCOUNT NO. <b>5051002</b> <b>Renton Collections, Inc.</b> <b>211 Morris Ave. South</b> <b>Renton, WA 98055</b>	<b>C</b>	<b>collecting for Radiation Oncology Physicians</b>				<b>389.89</b>
ACCOUNT NO. <b>Renton Collections, Inc.</b> <b>P.O. Box 272</b> <b>Renton, WA 98057-0272</b>		<b>Assignee or other notification for: Renton Collections, Inc.</b>				
ACCOUNT NO. <b>5051004</b> <b>Renton Collections, Inc.</b> <b>211 Morris Ave. South</b> <b>Renton, WA 98055</b>	<b>C</b>	<b>collecting for Radiation ONcology Physicians</b>				<b>705.45</b>
ACCOUNT NO. <b>Renton Collections, Inc.</b> <b>P.O. Box 272</b> <b>Renton, WA 98057-0272</b>		<b>Assignee or other notification for: Renton Collections, Inc.</b>				
ACCOUNT NO. <b>5051005</b> <b>Renton Collections, Inc.</b> <b>211 Morris Ave. South</b> <b>Renton, WA 98055</b>	<b>C</b>	<b>collection for Radiation Oncology Physicians</b>				<b>366.80</b>

Sheet no. 8 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,719.62**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Renton Collections, Inc. 211 Morris Ave. South Renton, WA 98055</b>		<b>Assignee or other notification for: Renton Collections, Inc.</b>				
ACCOUNT NO. <b>5051007</b> <b>Renton Collections, Inc. 211 Morris Ave. South Renton, WA 98055</b>	<b>C</b>	<b>collecting for Radiation Oncology Physicians</b>				<b>313.93</b>
ACCOUNT NO. <b>Renton Collections, Inc. P.O. Box 272 Renton, WA 98057-0272</b>		<b>Assignee or other notification for: Renton Collections, Inc.</b>				
ACCOUNT NO. <b>5051008</b> <b>Renton Collections, Inc. 211 Morris Ave. South Renton, WA 98055</b>	<b>C</b>	<b>collecting for Radiation Oncology Physicians</b>				<b>313.16</b>
ACCOUNT NO. <b>Renton Collections, Inc. P.O. Box 272 Renton, WA 98057-0272</b>		<b>Assignee or other notification for: Renton Collections, Inc.</b>				
ACCOUNT NO. <b>5051009</b> <b>Renton Collections, Inc. 211 Morris Ave. South Renton, WA 98055</b>	<b>C</b>	<b>collecting for Radiation Oncology Physicians</b>				<b>311.82</b>
ACCOUNT NO. <b>Renton Collections, Inc. P.O. Box 272 Renton, WA 98057-0272</b>		<b>Assignee or other notification for: Renton Collections, Inc.</b>				

Sheet no. 9 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **938.91**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5051011</b> <b>Renton Collections, Inc.</b> <b>211 Morris Ave. South</b> <b>Renton, WA 98055</b>	<b>C</b>	<b>collecting for Radiation ONcology Physicians</b>				<b>155.58</b>
ACCOUNT NO. <b>Renton Collections, Inc.</b> <b>P.O. Box 272</b> <b>Renton, WA 98057-0272</b>		<b>Assignee or other notification for: Renton Collections, Inc.</b>				
ACCOUNT NO. <b>Skagit State Bank</b> <b>CO Cheryle Bishop, President</b> <b>301 E. Fairhaven Ave.</b> <b>Burlington, WA 98233</b>	<b>C</b>	<b>Business liability of Sno-Country Ford, Inc.</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>1,500,000.00</b>
ACCOUNT NO. <b>Craig Cammock</b> <b>Skagit Law Group, PLLC</b> <b>P.O. Box 336, 227 Freeway Dr. Suite B</b> <b>Mount Vernon, WA 98273</b>		<b>Assignee or other notification for: Skagit State Bank</b>				
ACCOUNT NO. <b>Skagit State Bank</b> <b>P.O. Box 285</b> <b>Burlington, WA 98233</b>		<b>Assignee or other notification for: Skagit State Bank</b>				
ACCOUNT NO. <b>Skagit State Bank</b> <b>121 N. Spruce St.</b> <b>Burlington, WA 98233</b>		<b>Assignee or other notification for: Skagit State Bank</b>				
ACCOUNT NO. <b>Sno-Country Ford, Inc.</b> <b>C/O Jay Burdette Reg. Agent</b> <b>1175 Village Way</b> <b>Monroe, WA 98272</b>	<b>X C</b>	<b>possbile business liability based on dealings with corporation and guaranteed debt</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>unknown</b>

Sheet no. 10 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,500,155.58**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Jay Burdette</b> <b>P.O. Box 369</b> <b>Monroe, WA 98272</b>		<b>Assignee or other notification for:</b> <b>Sno-Country Ford, Inc.</b>				
ACCOUNT NO. <b>LOC145804875295</b> <b>U.S. Bank</b> <b>P.O. Box 5227</b> <b>Cincinnati, OH 42301</b>	<b>C</b>					<b>1,696.37</b>
ACCOUNT NO. <b>3339403499</b> <b>Union Bank , N.A.</b> <b>C/O The Lanz Firm</b> <b>1200 Westlake Ave. North #809</b> <b>Seattle, WA 98109</b>	<b>X C</b>	<b>business liability of JB Land, LLC</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>270,087.79</b>
ACCOUNT NO. <b>Union Bank</b> <b>Special Assets Dept.</b> <b>332 SW Everett Mall Way</b> <b>Everett, WA 98204</b>		<b>Assignee or other notification for:</b> <b>Union Bank , N.A.</b>				
ACCOUNT NO. <b>Union Central Life Insurance Co.</b> <b>1876 Waycross Rd.</b> <b>P.O. Box 40888</b> <b>Cincinnati, OH 45240</b>	<b>X C</b>	<b>business liability; guaranty of SC Land</b> <b>Developement, Inc.</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>586,785.26</b>
ACCOUNT NO. <b>Steve Christophersen, Counsel</b> <b>Union Central Life Insurance Co.</b> <b>5900 O Street</b> <b>Lincoln, NE 68501-1889</b>		<b>Assignee or other notification for:</b> <b>Union Central Life Insurance Co.</b>				
ACCOUNT NO. <b>Union Central Life Insurance Co.</b> <b>P.O. Box 81889</b> <b>Lincon, NE 68501-1889</b>		<b>Assignee or other notification for:</b> <b>Union Central Life Insurance Co.</b>				

Sheet no. 11 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **858,569.42**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4388-8400-1037-6732</b> <b>Wells Fargo Financial Cards</b> <b>P.O. Box 5943</b> <b>Sioux Falls, SD 57117-5943</b>	<b>C</b>					<b>10,021.55</b>
ACCOUNT NO. <b>Wells Fargo Financial Cards</b> <b>P.O. Box 660041</b> <b>Dallas, TX 75266-0041</b>		<b>Assignee or other notification for:</b> <b>Wells Fargo Financial Cards</b>				
ACCOUNT NO.  						
ACCOUNT NO.  						
ACCOUNT NO.  						
ACCOUNT NO.  						
ACCOUNT NO.  						

Sheet no. 12 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **10,021.55**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **2,493,823.15**



IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Donald Burdette</b> <b>12821 NE 36th St.</b> <b>Bellevue, WA 98005</b>	<b>Union Central Life Insurance Co.</b> <b>1876 Waycross Rd.</b> <b>P.O. Box 40888</b> <b>Cincinnati, OH 45240</b>
<b>Jay Burdette</b> <b>12821 NE 36th St.</b> <b>Bellevue, WA 98005</b>	<b>Sno-Country Ford, Inc.</b> <b>C/O Jay Burdette Reg. Agent</b> <b>1175 Village Way</b> <b>Monroe, WA 98272</b>
	<b>Union Central Life Insurance Co.</b> <b>1876 Waycross Rd.</b> <b>P.O. Box 40888</b> <b>Cincinnati, OH 45240</b>
	<b>Union Bank , N.A.</b> <b>C/O The Lanz Firm</b> <b>1200 Westlake Ave. North #809</b> <b>Seattle, WA 98109</b>
	<b>Sno-Country Ford, Inc.</b> <b>C/O Jay Burdette Reg. Agent</b> <b>1175 Village Way</b> <b>Monroe, WA 98272</b>
<b>Jeff Burdette</b> <b>15131 141st Ave. SE</b> <b>Snohomish, WA 98290</b>	<b>Union Central Life Insurance Co.</b> <b>1876 Waycross Rd.</b> <b>P.O. Box 40888</b> <b>Cincinnati, OH 45240</b>
	<b>Sno-Country Ford, Inc.</b> <b>C/O Jay Burdette Reg. Agent</b> <b>1175 Village Way</b> <b>Monroe, WA 98272</b>

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer <b>X</b> How long employed Address of Employer		

**INCOME:** (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)

DEBTOR	SPOUSE
\$ <b>3,200.00</b>	\$ _____
\$ _____	\$ _____

2. Estimated monthly overtime

\$ _____	\$ _____
----------	----------

**3. SUBTOTAL**

<b>\$ 3,200.00</b>	<b>\$ 0.00</b>
--------------------	----------------

**4. LESS PAYROLL DEDUCTIONS**

a. Payroll taxes and Social Security

\$ _____	\$ _____
----------	----------

b. Insurance

\$ _____	\$ _____
----------	----------

c. Union dues

\$ _____	\$ _____
----------	----------

d. Other (specify) \_\_\_\_\_

\$ _____	\$ _____
----------	----------

**5. SUBTOTAL OF PAYROLL DEDUCTIONS**

<b>\$ 0.00</b>	<b>\$ 0.00</b>
----------------	----------------

**6. TOTAL NET MONTHLY TAKE HOME PAY**

<b>\$ 3,200.00</b>	<b>\$ 0.00</b>
--------------------	----------------

7. Regular income from operation of business or profession or farm (attach detailed statement)

\$ _____	\$ _____
----------	----------

8. Income from real property

\$ _____	\$ _____
----------	----------

9. Interest and dividends

\$ _____	\$ _____
----------	----------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ _____	\$ _____
----------	----------

11. Social Security or other government assistance  
(Specify) \_\_\_\_\_

\$ _____	\$ _____
\$ _____	\$ _____

12. Pension or retirement income

\$ _____	\$ _____
----------	----------

13. Other monthly income

\$ _____	\$ _____
----------	----------

(Specify) **Workman's Compensation Benefits**

\$ _____	<b>\$ 2,200.00</b>
\$ _____	\$ _____

**14. SUBTOTAL OF LINES 7 THROUGH 13**

\$ _____	<b>\$ 2,200.00</b>
----------	--------------------

**15. AVERAGE MONTHLY INCOME** (Add amounts shown on lines 6 and 14)

<b>\$ 3,200.00</b>	<b>\$ 2,200.00</b>
--------------------	--------------------

**16. COMBINED AVERAGE MONTHLY INCOME:** (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

<b>\$ 5,400.00</b>
--------------------

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

Debtor(s)

(If known)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- |   |    |          |
|---|----|----------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)                                       | \$ | 1,730.00 |
| a. Are real estate taxes included?   Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>    |    |          |
| b. Is property insurance included?   Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>    |    |          |
| 2. Utilities:   |    |          |
| a. Electricity and heating fuel   | \$ | 250.00   |
| b. Water and sewer  | \$ | 40.00    |
| c. Telephone  | \$ | 60.00    |
| d. Other <b>Comcast--Cell And Internet</b>  | \$ | 380.00   |
|   | \$ |          |
| 3. Home maintenance (repairs and upkeep)  | \$ | 100.00   |
| 4. Food   | \$ | 600.00   |
| 5. Clothing   | \$ | 50.00    |
| 6. Laundry and dry cleaning   | \$ | 30.00    |
| 7. Medical and dental expenses  | \$ | 450.00   |
| 8. Transportation (not including car payments)  | \$ | 500.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$ |          |
| 10. Charitable contributions  | \$ |          |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                               |    |          |
| a. Homeowner's or renter's  | \$ |          |
| b. Life   | \$ | 1,050.00 |
| c. Health   | \$ | 515.00   |
| d. Auto   | \$ | 282.00   |
| e. Other  | \$ |          |
|   | \$ |          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                   |    |          |
| (Specify) <b>Payment Plan IRS</b>   | \$ | 100.00   |
|   | \$ |          |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) |    |          |
| a. Auto   | \$ | 761.04   |
| b. Other  | \$ |          |
|   | \$ |          |
| 14. Alimony, maintenance, and support paid to others  | \$ |          |
| 15. Payments for support of additional dependents not living at your home                                   | \$ |          |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)            | \$ |          |
| 17. Other   | \$ |          |
|   | \$ |          |
|   | \$ |          |

**18. AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$	6,898.04
----	----------

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
**None**

## 20. STATEMENT OF MONTHLY NET INCOME

- |  |                     |
|--|---------------------|
| a. Average monthly income from Line 15 of Schedule I | \$ <u>5,400.00</u>  |
| b. Average monthly expenses from Line 18 above       | \$ <u>6,898.04</u>  |
| c. Monthly net income (a. minus b.)                  | \$ <u>-1,498.04</u> |

IN RE Bricker, Julia A. & Bricker, Donald R.Case No. 12-21479

Debtor(s)

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 28 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: December 4, 2012 Signature: /s/ Julia A. Bricker  
**Julia A. Bricker**

Debtor

Date: December 4, 2012 Signature: /s/ Donald R. Bricker  
**Donald R. Bricker**

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*